

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

623
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 3/20/98

REG

VA-2006
\$10.00 1980346
WOM

1. NAME Welch Linda
Last First MI
2. BUSINESS PHONE 504-389-9429
Area Code and Phone Number
3. BUSINESS ADDRESS 729 S. ACADIAN Thruway, Baton Rouge, LA 70808
Street and No. City State Zip
4. EMPLOYER Health Care Solutions, LLC
5. EMPLOYER'S ADDRESS 729 S. ACADIAN Thruway, Baton Rouge, LA 70808
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
 1. Name Rural Hospital Coalition, INC.
Address 729 S. ACADIAN Thruway, Baton Rouge, LA 70808
Business or purpose Represent Small Rural Hospitals.
Does this person pay you? yes
If No, who pays you? _____
 2. Name Services Corp. of the Rural Hospital Coalition
Address 729 S. ACADIAN Thruway, Baton Rouge, LA 70808
Business or purpose for profit wholly owned subsidiary of the RHC
Does this person pay you? yes
If No, who pays you? _____

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3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

5. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Linda Welch, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Linda Welch
Signature of Lobbyist

Sworn to and subscribed before me on this 18 day of

February 1998

Jack Markley
Notary Public

Rev. 8/97

